Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2002 ANDREW AVE LA PORTE, IN 46350  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  BRENTWOOD AT LAPORTE  2002 ANDREW AVE LA PORTE, IN 46350  (X4) ID PREFIX TAG  (RO00) INITIAL COMMENTS  This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaint IN00140726 completed on December 19. 1013.  Complaint IN00140726 - Corrected.  Survey date: January 17, 2014  Facility number: 010890 AIM number: 010890 AIM number: N/A  Survey team: Cynthia Stramel, RN, TC  Census bed type: Residential: 115  Census payor type: Other: 115 Total: 115						R-C		
BRENTWOOD AT LAPORTE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (R 000)  (	010890		B. WING		01/17/2014			
Cappain   Capp								
Regulatory or LSC IDENTIFYING INFORMATION   PREFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   COMBINE CROSS-REFERENCED TO THE APPROPRIATE   CRO	BRENTWOOD AT LAPORTE							
This visit was for the PSR (Post Survey Revisit) to the Investigation of Complaint IN00140726 completed on December 19. 1013.  Complaint IN00140726 - Corrected.  Survey date: January 17, 2014  Facility number: 010890 Provider number: 010890 AIM number: N/A  Survey team: Cynthia Stramel, RN, TC  Census bed type: Residential: 115 Total: 115  Census payor type: Other: 115 Total: 115	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETE DATE	
to the Investigation of Complaint IN00140726 completed on December 19. 1013.  Complaint IN00140726 - Corrected.  Survey date: January 17, 2014  Facility number: 010890 Provider number: 010890 AIM number: N/A  Survey team: Cynthia Stramel, RN, TC  Census bed type: Residential: 115 Total: 115  Census payor type: Other: 115 Total: 115	{R 000}	)} INITIAL COMMENTS		{R 000}				
Survey date: January 17, 2014  Facility number: 010890 Provider number: 010890 AIM number: N/A  Survey team: Cynthia Stramel, RN, TC  Census bed type: Residential: 115 Total: 115  Census payor type: Other: 115 Total: 115		to the Investigation of Complaint IN00140726 completed on December 19. 1013.						
Facility number: 010890 Provider number: 010890 AIM number: N/A  Survey team: Cynthia Stramel, RN, TC  Census bed type: Residential: 115 Total: 115  Census payor type: Other: 115 Total: 115 Total: 115								
Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2 in regard to PSR to the Investigation of Complaint IN00140726.  Quality review completed on January 19, 2014, by Janelyn Kulik, RN.		Facility number: 010 Provider number: 01 AIM number: N/A Survey team: Cynthia Stramel, RN, Census bed type: Residential: 115 Total: 115 Census payor type: Other: 115 Total: 115 Sample: 3 Brentwood at LaPorte compliance with 410 the Investigation of C Quality review comple	e was found to be in IAC 16.2 in regard to PSR to omplaint IN00140726.					

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE